

DCF ADULT PROTECTIVE SERVICES POTENTIAL CRIMINAL ACTIVITY
NOTIFICATION COVERSHEET

Date:

Client Name:

KIPS ID #:

Assigned APS Specialist:

Phone number for APS Specialist:

We received the attached APS report that a criminal act has occurred or appeared to have occurred involving an adult. Per K.S.A. 39-1433 (a) (1), we are forwarding you the following forms: PPS 10100, and PPS 10110. The report is also being provided to the Office of the Attorney General, Fraud & Abuse Litigation Division. **Your review of this report is requested. If your agency plans to proceed with an investigation or other action, please contact us.** Please notify us immediately if you DO NOT want DCF to proceed without coordinating our investigation with your department. Per K.S.A. 39-1433(3)

Allegation Type: Abuse____ Neglect____ Exploitation____ Fiduciary Abuse____

DCF is mandated to initiate an investigation within: 24 hrs.____ 3 working day____ 5 working day____

Please provide the Name of LE Agency, Case Number, Incident Number or other filing identifier number and officer assigned here:

Name of Law Enforcement Agency:

Case Number:

Incident Number:

Other Filing identifier number:

Officer Assigned:

Officer Email:

Officer Telephone number:

Please send this coversheet back to the Kansas Attorney General's Office, Fraud & Abuse Litigation Division by Hitting "Reply All" or by FAX at 785-296-6795. Your efforts will assist Adult Protective Service and the Kansas Attorney General's Office in tracking the outcome of this report.

Please do not hesitate to contact the APS Specialist above if you have any questions.

